



ARIZONA HEALTH CARE  
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## 2002 Rate Codes - Dental

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PROC	DESCRIPTION	RATE2002	EFFDATE
Z3465	LARK PER DIEM	124.27	01-Apr-02
D0120	PERIODIC ORAL EVALUATION	27.02	01-Apr-02
D0140	LIMITED ORAL EVALUATION - PROBLEM FOCUSED	35.30	01-Apr-02
D0150	COMPREHENSIVE ORAL EVALUATION	29.52	01-Apr-02
D0160	DETAILED AND EXTENSIVE ORAL EVALUATION - PROBLEM FOCUSED, BY REPORT	BR	01-Apr-02
D0170	RE-EVALUATION-LIMITED, PROBLEM FOCUSED (ESTABLISHED PATIENT; NOT POST-OPERATIVE	BR	01-Apr-02
D0210	INTRAORAL-COMPLETE SERIES (INCLUDING BITEWINGS)	59.83	01-Apr-02
D0220	INTRAORAL-PERAPICAL-FIRST FILM	13.01	01-Apr-02
D0230	INTRAORAL-PERAPICAL-EACH ADDITIONAL FILM	10.92	01-Apr-02
D0240	INTRAORAL-OCCLUSAL FILM	19.84	01-Apr-02
D0250	EXTRAORAL-FIRST FILM	16.40	01-Apr-02
D0260	EXTRAORAL-EACH ADDITIONAL FILM	12.15	01-Apr-02
D0270	BITEWING-SINGLE FILM	11.92	01-Apr-02
D0272	BITEWINGS-TWO FILMS	20.29	01-Apr-02
D0274	BITEWINGS-FOUR FILMS	28.62	01-Apr-02
D0277	VERTICAL BITEWINGS - 7 TO 8 FILMS	BR	01-Apr-02
D0290	POSTERIOR-ANTERIOR OR LATERAL SKULL AND FACIAL BONE SURVEY FILM	37.20	01-Apr-02
D0310	SIALOGRAPHY	55.09	01-Apr-02
D0320	TEMPOROMANDIBULAR JOINT ARTHROGRAM, INCLUDING INJECTION	BR	01-Apr-02
D0321	OTHER TEMPOROMANDIBULAR JOINT FILMS, BY REPORT	68.78	01-Apr-02
D0322	TOMOGRAPHIC SURVEY	BR	01-Apr-02
D0330	PANORAMIC FILM	54.65	01-Apr-02
D0340	CEPHALOMETRIC FILM	52.72	01-Apr-02
D0350	ORAL/FACIAL IMAGES (INCLUDES INTRA AND EXTRAORAL IMAGES)	BR	01-Apr-02
D0415	BACTERIOLOGIC STUDIES FOR DETERMINATION OF PATHOLOGIC AGENTS	BR	01-Apr-02
D0425	CARIES SUSCEPTIBILITY TESTS	23.55	01-Apr-02
D0460	PULP VITALITY TESTS	25.57	01-Apr-02
D0470	DIAGNOSTIC CASTS	49.59	01-Apr-02
D0472	ACCESSION OF TISSUE, GROSS EXAMINATION, PREPARATION AND TRANSMISSION OF WRITTEN	BR	01-Apr-02
D0473	ACCESSION OF TISSUE, GROSS AND MICROSCOPIC EXAMINATION, PREPARATION AND TRANSMIS	BR	01-Apr-02



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D0474	ACCESSION OF TISSUE, GROSS AND MICROSCOPIC EXAMINATION, INCLUDING ASSESSMENT OF	BR	01-Apr-02
D0480	PROCESSING AND INTERPRETATION OF CYTOLOGIC SMEARS, INCLUDING THE PREPARATION AND	BR	01-Apr-02
D0501	HISTOPATHOLOGIC EXAMINATIONS	50.47	01-Apr-02
D0502	OTHER ORAL PATHOLOGY PROCEDURES, BY REPORT	102.75	01-Apr-02
D0999	UNSPECIFIED DIAGNOSTIC PROCEDURE, BY REPORT	BR	01-Apr-02
D1110	PROPHYLAXIS-ADULT	48.81	01-Apr-02
D1120	PROPHYLAXIS-CHILD	42.49	01-Apr-02
D1201	TOPICAL APPLICATION OF FLUORIDE (INCLUDING PROPHYLAXIS)-CHILD	62.33	01-Apr-02
D1203	TOPICAL APPLICATION OF FLUORIDE (PROPHYLAXIS NOT INCLUDED)-CHILD	19.84	01-Apr-02
D1310	NUTRITIONAL COUNSELING FOR THE CONTROL OF DENTAL DISEASE	24.02	01-Apr-02
D1320	TOBACCO COUNSELING FOR THE CONTROL AND PREVENTION OF ORAL DISEASE	BR	01-Apr-02
D1330	ORAL HYGIENE INSTRUCTION	15.00	01-Apr-02
D1351	SEALANT-PER TOOTH	24.52	01-Apr-02
D1510	SPACE MAINTAINER-FIXED UNILATERAL	150.50	01-Apr-02
D1515	SPACE MAINTAINER-FIXED BILATERAL	222.75	01-Apr-02
D1520	SPACE MAINTAINER-REMOVABLE UNILATERAL	159.64	01-Apr-02
D1525	SPACE MAINTAINER-REMOVABLE BILATERAL	192.14	01-Apr-02
D1550	RECEMENTATION OF SPACE MAINTAINER	33.48	01-Apr-02
D2110	AMALGAM-ONE SURFACE, PRIMARY	49.81	01-Apr-02
D2120	AMALGAM-TWO SURFACES, PRIMARY	63.42	01-Apr-02
D2130	AMALGAM-THREE SURFACES, PRIMARY	76.02	01-Apr-02
D2131	AMALGAM-FOUR OR MORE SURFACES, PRIMARY	87.63	01-Apr-02
D2140	AMALGAM-ONE SURFACE, PERMANENT	56.05	01-Apr-02
D2150	AMALGAM-TWO SURFACES, PERMANENT	70.06	01-Apr-02
D2160	AMALGAM-THREE SURFACES, PERMANENT	84.62	01-Apr-02
D2161	AMALGAM-FOUR OR MORE SURFACES, PERMANENT	102.45	01-Apr-02
D2330	RESIN-ONE SURFACE, ANTERIOR	66.47	01-Apr-02
D2331	RESIN-TWO SURFACES, ANTERIOR	83.71	01-Apr-02
D2332	RESIN-THREE SURFACES, ANTERIOR	102.86	01-Apr-02
D2335	RESIN-FOUR OR MORE SURFACES OR INVOLVING INCISAL ANGLE (ANTERIOR)	115.87	01-Apr-02
D2336	COMPOSITE RESIN CROWN-ANTERIOR-PRIMARY	177.27	01-Apr-02



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PROC	DESCRIPTION	RATE2002	EFFDATE
D2337	RESIN-BASED COMPOSITE CROWN, ANTERIOR-PERMANENT	BR	01-Apr-02
D2380	RESIN-ONE SURFACE, POSTERIOR-PRIMARY	88.72	01-Apr-02
D2381	RESIN-TWO SURFACES, POSTERIOR PRIMARY	111.29	01-Apr-02
D2382	RESIN-THREE OR MORE SURFACES, POSTERIOR-PRIMARY	132.22	01-Apr-02
D2385	RESIN-ONE SURFACE, POSTERIOR-PERMANENT	92.86	01-Apr-02
D2386	RESIN-TWO SURFACES, POSTERIOR-PERMANENT	113.79	01-Apr-02
D2387	RESIN-THREE OR MORE SURFACES, POSTERIOR-PERMANENT	134.72	01-Apr-02
D2388	RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES, POSTERIOR PERMANENT	BR	01-Apr-02
D2510	INLAY-METALLIC-ONE SURFACE	323.04	01-Apr-02
D2520	INLAY-METALLIC-TWO SURFACES	406.43	01-Apr-02
D2530	INLAY-METALLIC-THREE OR MORE SURFACES	454.49	01-Apr-02
D2542	ONLAY-METALLIC-TWO SURFACES	BR	01-Apr-02
D2543	ONLAY - METALLIC - THREE SURFACES	470.00	01-Apr-02
D2544	ONLAY - METALLIC - FOUR OR MORE SURFACES	440.00	01-Apr-02
D2610	INLAY-PORCELAIN/CERAMIC-ONE SURFACE	348.04	01-Apr-02
D2620	INLAY-PORCELAIN/CERAMIC-TWO SURFACES	431.43	01-Apr-02
D2630	INLAY-PORCELAIN/CERAMIC-THREE OR MORE SURFACES	479.49	01-Apr-02
D2642	ONLAY - PORCELAIN/CERAMIC - TWO SURFACES	440.00	01-Apr-02
D2643	ONLAY - PORCELAIN/CERAMIC - THREE SURFACES	BR	01-Apr-02
D2644	ONLAY - PORCELAIN/CERAMIC - FOUR OR MORE SURFACES	BR	01-Apr-02
D2650	INLAY - RESIN-BASED COMPOSITE - ONE SURFACE	246.08	01-Apr-02
D2651	INLAY - RESIN-BASED COMPOSITE - TWO SURFACES	362.85	01-Apr-02
D2652	INLAY - RESIN-BASED COMPOSITE - THREE OR MORE SURFACES	408.99	01-Apr-02
D2662	ONLAY - RESIN-BASED COMPOSITE - TWO SURFACES	BR	01-Apr-02
D2663	ONLAY - RESIN-BASED COMPOSITE - THREE SURFACES	BR	01-Apr-02
D2664	ONLAY - - RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES	BR	01-Apr-02
D2710	CROWN RESIN (LABORATORY)	197.32	01-Apr-02
D2720	CROWN-RESIN WITH HIGH NOBLE METAL	523.83	01-Apr-02
D2721	CROWN-RESIN WITH PREDOMINANTLY BASE METAL	473.83	01-Apr-02
D2722	CROWN-RESIN WITH NOBLE METAL	498.83	01-Apr-02



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PROC	DESCRIPTION	RATE2002	EFFDATE
D2740	CROWN-PORCELAIN/CERAMIC SUBSTRATE	498.83	01-Apr-02
D2750	CROWN-PORCELAIN FUSED TO HIGH NOBLE METAL	549.50	01-Apr-02
D2751	CROWN-PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	499.50	01-Apr-02
D2752	CROWN-PORCELAIN FUSED TO NOBLE METAL	524.50	01-Apr-02
D2780	CROWN - 3/4 CAST HIGH NOBLE METAL	BR	01-Apr-02
D2781	CROWN - 3/4 CAST PREDOMINANTLY BASE METAL	BR	01-Apr-02
D2782	CROWN - 3/4 CAST NOBLE METAL	BR	01-Apr-02
D2783	CROWN - 3/4 PORCELAIN/CERAMIC	BR	01-Apr-02
D2790	CROWN-FULL CAST HIGH NOBLE METAL	499.95	01-Apr-02
D2791	CROWN-FULL CAST PREDOMINANTLY BASE METAL	475.95	01-Apr-02
D2792	CROWN-FULL CAST NOBLE METAL	499.95	01-Apr-02
D2799	PROVISIONAL CROWN	BR	01-Apr-02
D2910	RECEMENT INLAY	40.54	01-Apr-02
D2920	RECEMENT CROWN	43.04	01-Apr-02
D2930	PREFABRICATED STAINLESS STEEL CROWN-PRIMARY TOOTH	118.87	01-Apr-02
D2931	PREFABRICATED STAINLESS STEEL CROWN-PERMANENT TOOTH	144.41	01-Apr-02
D2932	PREFABRICATED RESIN CROWN	132.91	01-Apr-02
D2933	PREFABRICATED STAINLESS STEEL CROWN WITH RESIN WINDOW	157.91	01-Apr-02
D2940	SEDATIVE FILLING	47.41	01-Apr-02
D2950	CORE BUILD-UP, INCLUDING ANY PINS	103.74	01-Apr-02
D2951	PIN RETENTION-PER TOOTH, IN ADDITION TO RESTORATION	50.17	01-Apr-02
D2952	CAST POST AND CORE IN ADDITION TO CROWN	159.12	01-Apr-02
D2953	EACH ADDITIONAL CAST POST - SAME TOOTH	BR	01-Apr-02
D2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	123.45	01-Apr-02
D2955	POST REMOVAL (NOT IN CONJUNCTION WITH ENDODONTIC THERAPY)	BR	01-Apr-02
D2957	EACH ADDITIONAL PREFABRICATED POST - SAME TOOTH	BR	01-Apr-02
D2960	LABIAL VENEER (LAMINATE)-CHAIRSIDE	132.79	01-Apr-02
D2961	LABIAL VENEER (RESIN LAMINATE)-LABORATORY	275.83	01-Apr-02
D2962	LABIAL VENEER (PORCELAIN LAMINATE)-LABORATORY	347.35	01-Apr-02
D2970	TEMPORARY (FRACTURED TOOTH)	122.07	01-Apr-02
D2980	CROWN REPAIR, BY REPORT	BR	01-Apr-02



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D2999	UNSPECIFIED RESTORATIVE PROCEDURE, BY REPORT	BR	01-Apr-02
D3110	PULP CAP-DIRECT (EXCLUDING FINAL RESTORATION)	41.31	01-Apr-02
D3120	PULP CAP-INDIRECT (EXCLUDING FINAL RESTORATION)	41.31	01-Apr-02
D3220	THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) REMOVAL OF PULP CORONAL TO	80.76	01-Apr-02
D3221	GROSS PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH	BR	01-Apr-02
D3230	PULPAL THERAPY (RESORBABLE FILLING)-ANTERIOR, PRIMARY TOOTH (EXCLUDING FINAL RES	130.58	01-Apr-02
D3240	PULPAL THERAPY (RESORBABLE FILLING)-POSTERIOR, PRIMARY TOOTH (EXCLUDING FINAL RE	161.98	01-Apr-02
D3310	ANTERIOR (EXCLUDING FINAL RESTORATION)	313.52	01-Apr-02
D3320	BICUSPID (EXCLUDING FINAL RESTORATION)	365.30	01-Apr-02
D3330	MOLAR (EXCLUDING FINAL RESTORATION)	515.47	01-Apr-02
D3331	TREATMENT OF ROOT CANAL OBSTRUCTION; NON-SURGICAL ACCESS	BR	01-Apr-02
D3332	INCOMPLETE ENDODONTIC THERAPY; INOPERABLE OR FRACTURED TOOTH	BR	01-Apr-02
D3333	INTERNAL ROOT REPAIR OF PERFORATION DEFECTS	BR	01-Apr-02
D3346	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-ANTERIOR	550.00	01-Apr-02
D3347	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-BICUSPID	625.00	01-Apr-02
D3348	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-MOLAR	725.00	01-Apr-02
D3351	APEXIFICATION/RECALCIFICATION-INITIAL VISIT (APICAL CLOSURE/CALCIFIC REPAIR OF P	82.99	01-Apr-02
D3352	APEXIFICATION/RECALCIFICATION-INTERIM MEDICATION REPLACEMENT (APICAL CLOSURE/C	82.99	01-Apr-02
D3353	APEXIFICATION/RECALCIFICATION-FINAL VISIT (INCLUDES COMPLETED ROOT CANAL THERAPY	270.49	01-Apr-02
D3410	APICOECTOMY/PERIRADICULAR SURGERY-ANTERIOR	391.44	01-Apr-02
D3421	APICOECTOMY/PERIRADICULAR SURGERY-BICUSPID (FIRST ROOT)	379.03	01-Apr-02
D3425	APICOECTOMY/PERIRADICULAR SURGERY-MOLAR (FIRST ROOT).	432.02	01-Apr-02



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PROC	DESCRIPTION	RATE2002	EFFDATE
D3426	APICOECTOMY/PERIRADICULAR SURGERY (EACH ADDITIONAL ROOT)	175.98	01-Apr-02
D3430	RETROGRADE FILLING-PER ROOT	123.63	01-Apr-02
D3450	ROOT AMPUTATION-PER ROOT	261.13	01-Apr-02
D3910	SURGICAL PROCEDURE FOR ISOLATION OF TOOTH WITH RUBBER DAM	30.61	01-Apr-02
D3920	HEMISECTION (INCLUDING ANY ROOT REMOVAL), NOT INCLUDING ROOT CANAL THERAPY	193.32	01-Apr-02
D3950	CANAL PREPARATION AND FITTING OF PREFORMED DOWEL OR POST	BR	01-Apr-02
D3999	UNSPECIFIED ENDODONTIC PROCEDURE, BY REPORT	195.00	01-Apr-02
D4210	GINGIVECTOMY OR GINGIVOPLASTY-PER QUADRANT	340.75	01-Apr-02
D4211	GINGIVECTOMY OR GINGIVOPLASTY-PER TOOTH	106.37	01-Apr-02
D4220	GINGIVAL CURETTAGE, SURGICAL, PER QUADRANT, BY REPORT	168.23	01-Apr-02
D4240	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING-PER QUADRANT	254.07	01-Apr-02
D4245	APICALLY POSITIONED FLAP	BR	01-Apr-02
D4249	CLINICAL CROWN LENGTHENING-HARD TISSUE	400.00	01-Apr-02
D4260	OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE)-PER QUADRANT	698.14	01-Apr-02
D4263	BONE REPLACEMENT GRAFT - FIRST SITE IN QUADRANT	BR	01-Apr-02
D4264	BONE REPLACEMENT GRAFT - EACH ADDITIONAL SITE IN QUADRANT	BR	01-Apr-02
D4266	GUIDED TISSUE REGENERATION - RESORBABLE BARRIER, PER SITE	BR	01-Apr-02
D4267	GUIDED TISSUE REGENERATION - NONRESORBABLE BARRIER, PER SITE, (INCLUDES MEMBRANE	BR	01-Apr-02
D4268	SURGICAL REVISION PROCEDURE, PER TOOTH	BR	01-Apr-02
D4270	PEDICLE SOFT TISSUE GRAFT PROCEDURE	304.54	01-Apr-02
D4271	FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING DONOR SITE SURGERY)	361.85	01-Apr-02
D4273	SUBEPITHELIAL CONNECTIVE TISSUE GRAFT PROCEDURE (INCLUDING DONOR SITE SURGERY)	BR	01-Apr-02
D4274	DISTAL OR PROXIMAL WEDGE PROCEDURE (WHEN NOT PERFORMED IN CONJUNCTION WITH SURGIC	BR	01-Apr-02
D4320	PROVISIONAL SPLINTING-INTRACORONAL	120.36	01-Apr-02
D4321	PROVISIONAL SPLINTING-EXTRACORONAL	135.12	01-Apr-02





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D4341	PERIODONTAL SCALING AND ROOT PLANING-PER QUADRANT	113.95	01-Apr-02
D4355	FULL MOUTH DEBRIDEMENT TO ENABLE COMPREHENSIVE PERIODONTAL EVALUATION AND DIAGNO	287.80	01-Apr-02
D4381	LOCALIZED DELIVERY OF CHEMOTHERAPEUTIC AGENTS VIA A CONTROLLED RELEASE VEHICLE I	BR	01-Apr-02
D4910	PERIODONTAL MAINTENANCE PROCEDURES (FOLLOWING ACTIVE THERAPY)	66.47	01-Apr-02
D4920	UNSCHEDULED DRESSING CHANGE (BY SOMEONE OTHER THAN TREATING DENTIST)	56.14	01-Apr-02
D4999	UNSPECIFIED PERIODONTAL PROCEDURE, BY REPORT	BR	01-Apr-02
D5110	COMPLETE DENTURE - MAXILLARY	690.02	01-Apr-02
D5120	COMPLETE DENTURE - MANDIBULAR	690.02	01-Apr-02
D5130	IMMEDIATE DENTURE - MAXILLARY	753.36	01-Apr-02
D5140	IMMEDIATE DENTURE - MANDIBULAR	758.83	01-Apr-02
D5211	UPPER PARTIAL-RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)	681.50	01-Apr-02
D5212	LOWER PARTIAL-RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)	681.50	01-Apr-02
D5213	MAXILLARY PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLU	737.35	01-Apr-02
D5214	MANDIBULAR PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCL	737.35	01-Apr-02
D5281	REMOVABLE UNILATERAL PARTIAL DENTURE-ONE PIECE CAST METAL (INCLUDING CLASPS AND	358.25	01-Apr-02
D5410	ADJUST COMPLETE DENTURE - MAXILLARY	40.22	01-Apr-02
D5411	ADJUST COMPLETE DENTURE - MANDIBULAR	40.22	01-Apr-02
D5421	ADJUST PARTIAL DENTURE - MAXILLARY	40.22	01-Apr-02
D5422	ADJUST PARTIAL DENTURE - MANDIBULAR	40.22	01-Apr-02
D5510	REPAIR BROKEN COMPLETE DENTURE BASE	96.78	01-Apr-02
D5520	REPLACE MISSING OR BROKEN TEETH-COMPLETE DENTURE (EACH TOOTH)	66.33	01-Apr-02
D5610	REPAIR RESIN DENTURE BASE	66.33	01-Apr-02
D5620	REPAIR CAST FRAMEWORK	77.41	01-Apr-02
D5630	REPAIR OR REPLACE BROKEN CLASP	79.05	01-Apr-02
D5640	REPLACE BROKEN TEETH-PER TOOTH	73.57	01-Apr-02
D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE	87.08	01-Apr-02
D5660	ADD CLASP TO EXISTING PARTIAL DENTURE	117.39	01-Apr-02



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D5710	REBASE COMPLETE MAXILLARY DENTURE	340.60	01-Apr-02
D5711	REBASE COMPLETE MANDIBULAR DENTURE	340.60	01-Apr-02
D5720	REBASE MAXILLARY PARTIAL DENTURE	340.60	01-Apr-02
D5721	REBASE MANDIBULAR PARTIAL DENTURE	340.60	01-Apr-02
D5730	RELINE COMPLETE MAXILLARY DENTURE (CHAIRSIDE)	144.41	01-Apr-02
D5731	RELINE LOWER COMPLETE MANDIBULAR DENTURE (CHAIRSIDE)	144.41	01-Apr-02
D5740	RELINE MAXILLARY PARTIAL DENTURE (CHAIRSIDE)	141.13	01-Apr-02
D5741	RELINE MANDIBULAR PARTIAL DENTURE (CHAIRSIDE)	141.13	01-Apr-02
D5750	RELINE COMPLETE MAXILLARY DENTURE (LABORATORY)	190.18	01-Apr-02
D5751	RELINE COMPLETE MANDIBULAR DENTURE (LABORATORY)	190.18	01-Apr-02
D5760	RELINE MAXILLARY PARTIAL DENTURE (LABORATORY)	184.17	01-Apr-02
D5761	RELINE MANDIBULAR PARTIAL DENTURE (LABORATORY)	184.17	01-Apr-02
D5810	INTERIM COMPLETE DENTURE (MAXILLARY)	400.50	01-Apr-02
D5811	INTERIM COMPLETE DENTURE (MANDIBULAR)	400.50	01-Apr-02
D5820	INTERIM PARTIAL DENTURE (MAXILLARY)	340.60	01-Apr-02
D5821	INTERIM PARTIAL DENTURE (MANDIBULAR)	340.60	01-Apr-02
D5850	TISSUE CONDITIONING, MAXILLARY	129.72	01-Apr-02
D5851	TISSUE CONDITIONING, MANDIBULAR	129.72	01-Apr-02
D5860	OVERDENTURE-COMPLETE, BY REPORT	736.20	01-Apr-02
D5861	OVERDENTURE-PARTIAL, BY REPORT	702.16	01-Apr-02
D5862	PRECISION ATTACHMENT, BY REPORT	16.40	01-Apr-02
D5867	REPLACEMENT OF REPLACEABLE PART OF SEMI- PRECISION OR PRECISION ATTACHMENT (MALE	BR	01-Apr-02
D5899	UNSPECIFIED REMOVABLE PROSTHODONTIC PROCEDURE, BY REPORT	BR	01-Apr-02
D5911	FACIAL MOULAGE (SECTIONAL)	56.83	01-Apr-02
D5912	FACIAL MOULAGE (COMPLETE)	81.25	01-Apr-02
D5913	NASAL PROSTHESIS	BR	01-Apr-02
D5914	AURICULAR PROSTHESIS	BR	01-Apr-02
D5915	ORBITAL PROSTHESIS	BR	01-Apr-02
D5916	OCULAR PROSTHESIS	BR	01-Apr-02
D5919	FACIAL PROSTHESIS	BR	01-Apr-02
D5922	NASAL SEPTAL PROSTHESIS	BR	01-Apr-02
D5923	OCULAR PROSTHESIS, INTERIM	BR	01-Apr-02





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D5924	CRANIAL PROSTHESIS	BR	01-Apr-02
D5925	FACIAL AUGMENTATION IMPLANT PROSTHESIS	BR	01-Apr-02
D5926	NASAL PROSTHESIS, REPLACEMENT	BR	01-Apr-02
D5927	AURICULAR PROSTHESIS, REPLACEMENT	BR	01-Apr-02
D5928	ORBITAL PROSTHESIS, REPLACEMENT	BR	01-Apr-02
D5929	FACIAL PROSTHESIS, REPLACEMENT	BR	01-Apr-02
D5931	OBTURATOR PROSTHESIS, SURGICAL	975.73	01-Apr-02
D5932	OBTURATOR PROSTHESIS, DEFINITIVE	1300.86	01-Apr-02
D5933	OBTURATOR PROSTHESIS, MODIFICATION	BR	01-Apr-02
D5934	MANDIBULAR RESECTION PROSTHESIS WITH GUIDE FLANGE	1300.86	01-Apr-02
D5935	MANDIBULAR RESECTION PROSTHESIS WITHOUT GUIDE FLANGE	1138.38	01-Apr-02
D5936	OBTURATOR/PROSTHESIS, INTERIM	BR	01-Apr-02
D5937	TRISMUS APPLIANCE (NOT FOR TM TREATMENT)	BR	01-Apr-02
D5951	FEEDING AID	BR	01-Apr-02
D5952	SPEECH AID PROSTHESIS, PEDIATRIC	1300.86	01-Apr-02
D5953	SPEECH AID PROSTHESIS, ADULT	1300.86	01-Apr-02
D5954	PALATAL AUGMENTATION PROSTHESIS	BR	01-Apr-02
D5955	PALATAL LIFT PROSTHESIS, DEFINITIVE	1219.61	01-Apr-02
D5958	PALATAL LIFT PROSTHESIS, INTERIM	650.45	01-Apr-02
D5959	PALATAL LIFT PROSTHESIS, MODIFICATION	BR	01-Apr-02
D5960	SPEECH AID PROSTHESIS, MODIFICATION	BR	01-Apr-02
D5982	SURGICAL STENT	BR	01-Apr-02
D5983	RADIATION CARRIER	64.49	01-Apr-02
D5984	RADIATION SHIELD	BR	01-Apr-02
D5985	RADIATION CONE LOCATOR	BR	01-Apr-02
D5986	FLUORIDE GEL CARRIER	BR	01-Apr-02
D5987	COMMISSURE SPLINT	BR	01-Apr-02
D5988	SURGICAL SPLINT	BR	01-Apr-02
D5999	UNSPECIFIED MAXILLOFACIAL PROSTHESIS, BY REPORT	BR	01-Apr-02
D6020	ABUTMENT PLACEMENT OR SUBSTITUTION: ENDOSTEAL IMPLANT	BR	01-Apr-02
D6999	UNSPECIFIED FIXED PROSTHODONTIC PROCEDURE, BY REPORT	BR	01-Apr-02
D7110	SINGLE TOOTH	67.25	01-Apr-02
D7120	EACH ADDITIONAL TOOTH	59.83	01-Apr-02
D7130	ROOT REMOVAL-EXPOSED ROOTS	78.26	01-Apr-02



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D7210	SURGICAL REMOVAL OF ERUPTED TOOTH REQUIRING ELEVATION OF MUCOPERIOSTEAL FLAP AND	121.53	01-Apr-02
D7220	REMOVAL OF IMPACTED TOOTH-SOFT TISSUE	138.63	01-Apr-02
D7230	REMOVAL OF IMPACTED TOOTH-PARTIALLY BONY	181.35	01-Apr-02
D7240	REMOVAL OF IMPACTED TOOTH-COMpletely BONY	219.07	01-Apr-02
D7241	REMOVAL OF IMPACTED TOOTH-COMpletely BONY, WITH UNUSUAL SURGICAL COMPLICATIONS	283.27	01-Apr-02
D7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE)	141.91	01-Apr-02
D7260	ORAL ANTRAL FISTULA CLOSURE	292.27	01-Apr-02
D7270	TOOTH RE-IMPLANTATION AND/OR STABILIZATION OF ACCIDENTALLY EVULSED OR DISPLACED	287.80	01-Apr-02
D7280	SURGICAL EXPOSURE OF IMPACTED OR UNERUPTED TOOTH FOR ORTHO- DONTIC REASONS (INCL	177.33	01-Apr-02
D7281	SURGICAL EXPOSURE OF IMPACTED OR UNERUPTED TOOTH TO AID ERUPTION	130.52	01-Apr-02
D7285	BIOPSY OF ORAL TISSUE - HARD (BONE, TOOTH)	138.82	01-Apr-02
D7286	BIOPSY OF ORAL TISSUE - SOFT (ALL OTHERS)	181.91	01-Apr-02
D7290	SURGICAL REPOSITIONING OF TEETH	155.05	01-Apr-02
D7291	TRANSSEPTAL FIBEROTOMY, BY REPORT	200.00	01-Apr-02
D7310	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - PER QUADRANT	150.97	01-Apr-02
D7320	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - PER QUADRANT	185.64	01-Apr-02
D7340	VESTIBULOPLASTY-RIDGE EXTENSION (SECOND EPITHELIALIZATION)	150.53	01-Apr-02
D7350	VESTIBULOPLASTY-RIDGE EXTENSION (INCLUDING SOFT TISSUE GRAFTS, MUSCLE RE-ATTACHM	465.12	01-Apr-02
D7410	RADICAL EXCISION-LESION DIAMETER UP TO 1.25 CM	105.68	01-Apr-02
D7420	RADICAL EXCISION-LESION DIAMETER GREATER THAN 1.25 CM	179.74	01-Apr-02
D7430	EXCISION OF BENIGN TUMOR-LESION DIAMETER UP TO 1.25 CM	110.83	01-Apr-02
D7431	EXCISION OF BENIGN TUMOR-LESION DIAMETER GREATER THAN 1.25 CM	206.75	01-Apr-02
D7440	EXCISION OF MALIGNANT TUMOR-LESION DIAMETER UP TO 1.25 CM	129.80	01-Apr-02
D7441	EXCISION OF MALIGNANT TUMOR-LESION DIAMETER GREATER THAN 1.25 CM	246.90	01-Apr-02



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D7450	REMOVAL OF ODONTOGENIC CYST OR TUMOR-LESION DIAMETER UP TO 1.25 CM	120.04	01-Apr-02
D7451	REMOVAL OF ODONTOGENIC CYST OR TUMOR-LESION DIAMETER GREATER THAN 1.25 CM	246.54	01-Apr-02
D7460	REMOVAL OF NONODONTOGENIC CYST OR TUMOR- LESION DIAMETER UP TO 1.25 CM	123.45	01-Apr-02
D7461	REMOVAL OF NONODONTOGENIC CYST OR TUMOR- LESION DIAMETER GREATER THAN 1.25 CM	250.51	01-Apr-02
D7465	DESTRUCTION OF LESION(S) BY PHYSICAL OR CHEMICAL METHODS, BY REPORT	45.12	01-Apr-02
D7471	REMOVAL OF EXOSTOSIS - PER SITE	BR	01-Apr-02
D7480	PARTIAL OSTECTOMY (GUTTERING OR SAUCERIZATION)	1102.57	01-Apr-02
D7490	RADICAL RESECTION OF MANDIBLE WITH BONE GRAFT	1730.19	01-Apr-02
D7510	INCISION AND DRAINAGE OF ABSCESS-INTRAORAL SOFT TISSUE	117.62	01-Apr-02
D7520	INCISION AND DRAINAGE OF ABSCESS-EXTRAORAL SOFT TISSUE	120.24	01-Apr-02
D7530	REMOVAL OF FOREIGN BODY, SKIN, OR SUBCUTANEOUS AREOLAR TISSUE	60.11	01-Apr-02
D7540	REMOVAL OF REACTION-PRODUCING FOREIGN BODIES- MUSCULOSKELETAL SYSTEM	97.46	01-Apr-02
D7550	SEQUESTRECTOMY FOR OSTEOMYELITIS	125.96	01-Apr-02
D7560	MAXILLARY SINUSOTOMY FOR REMOVAL OF TOOTH FRAGMENT OR FOREIGN BODY	187.34	01-Apr-02
D7610	MAXILLA-OPEN REDUCTION (TEETH IMMOBILIZED IF PRESENT)	512.80	01-Apr-02
D7620	MAXILLA-CLOSED REDUCTION (TEETH IMMOBILIZED IF PRESENT)	299.13	01-Apr-02
D7630	MANDIBLE-OPEN REDUCTION (TEETH IMMOBILIZED IF PRESENT)	683.74	01-Apr-02
D7640	MANDIBLE-CLOSED REDUCTION (TEETH IMMOBILIZED IF PRESENT)	341.86	01-Apr-02
D7650	MALAR AND/OR ZYGOMATIC ARCH-OPEN REDUCTION	405.96	01-Apr-02
D7660	MALAR AND/OR ZYGOMATIC ARCH-CLOSED REDUCTION	213.34	01-Apr-02
D7670	ALVEOLUS - STABILIZATION OF TEETH, CLOSED REDUCTION SPLINTING	292.03	01-Apr-02



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D7680	FACIAL BONES-COMPLICATED REDUCTION WITH FIXATION AND MUL- TIPLE SURGICAL APPROAC	605.32	01-Apr-02
D7710	MAXILLA-OPEN REDUCTION	683.74	01-Apr-02
D7720	MAXILLA-CLOSED REDUCTION	405.96	01-Apr-02
D7730	MANDIBLE-OPEN REDUCTION	683.74	01-Apr-02
D7740	MANDIBLE-CLOSED REDUCTION	405.96	01-Apr-02
D7750	MALAR AND/OR ZYGOMATIC ARCH-OPEN REDUCTION	405.96	01-Apr-02
D7760	MALAR AND/OR ZYGOMATIC ARCH-CLOSED REDUCTION	213.34	01-Apr-02
D7770	ALVEOLUS-STABILIZATION OF TEETH, OPEN REDUCTION SPLINTING	292.02	01-Apr-02
D7780	FACIAL BONES-COMPLICATED REDUCTION WITH FIXATION AND MULTIPLE SURGICAL APPROACHE	605.32	01-Apr-02
D7810	OPEN REDUCTION OF DISLOCATION	758.93	01-Apr-02
D7820	CLOSED REDUCTION OF DISLOCATION	507.35	01-Apr-02
D7830	MANIPULATION UNDER ANESTHESIA	133.75	01-Apr-02
D7840	CONDYLECTOMY	769.20	01-Apr-02
D7850	SURGICAL DISCECTOMY; WITH/WITHOUT IMPLANT	876.89	01-Apr-02
D7852	DISC REPAIR	BR	01-Apr-02
D7854	SYNOVECTOMY	BR	01-Apr-02
D7856	MYOTOMY	BR	01-Apr-02
D7858	JOINT RECONSTRUCTION	BR	01-Apr-02
D7860	ARTHROTOMY	766.67	01-Apr-02
D7865	ARTHROPLASTY	BR	01-Apr-02
D7870	ARTHROCENTESIS	106.46	01-Apr-02
D7871	NON-ARTHROSCOPIC LYSIS AND LAVAGE	BR	01-Apr-02
D7872	ARTHROSCOPY-DIAGNOSIS, WITH OR WITHOUT BIOPSY	BR	01-Apr-02
D7873	ARTHROSCOPY-SURGICAL: LAVAGE AND LYSIS OF ADHESIONS	BR	01-Apr-02
D7874	ARTHROSCOPY-SURGICAL: DISC REPOSITIONING AND STABILIZATION	BR	01-Apr-02
D7875	ARTHROSCOPY-SURGICAL: SYNOVECTOMY	BR	01-Apr-02
D7876	ARTHROSCOPY-SURGICAL: DISCECTOMY	BR	01-Apr-02
D7877	ARTHROSCOPY-SURGICAL: DEBRIDEMENT	BR	01-Apr-02
D7880	OCCLUSAL ORTHOTIC APPLIANCE	BR	01-Apr-02
D7899	UNSPECIFIED TMD THERAPY, BY REPORT	BR	01-Apr-02
D7910	SUTURE OF RECENT SMALL WOUNDS UP TO 5 CM	68.69	01-Apr-02
D7911	COMPLICATED SUTURE-UP TO 5 CM	118.03	01-Apr-02
D7912	COMPLICATED SUTURE-GREATER THAN 5 CM	274.97	01-Apr-02




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D7920	SKIN GRAFT (IDENTIFY DEFECT COVERED, LOCATION, AND TYPE OF GRAFT)	355.20	01-Apr-02
D7940	OSTEOPLASTY-FOR ORTHOGNATHIC DEFORMITIES	1586.25	01-Apr-02
D7941	OSTEOTOMY - MANDIBULAR RAMI	BR	01-Apr-02
D7943	OSTEOTOMY - MANDIBULAR RAMI WITH BONE GRAFT; INCLUDES OBTAINING THE GRAFT	BR	01-Apr-02
D7944	OSTEOTOMY-SEGMENTED OR SUBAPICAL-PER SEXTANT OR QUADRANT	BR	01-Apr-02
D7945	OSTEOTOMY-BODY OF MANDIBLE	BR	01-Apr-02
D7946	LEFORT I (MAXILLA-TOTAL)	BR	01-Apr-02
D7947	LEFORT I (MAXILLA-SEGMENTED)	BR	01-Apr-02
D7948	LEFORT II OR LEFORT III (OSTEOPLASTY OF FACIAL BONES FOR MIDFACE HYPOPLASIA OR R	BR	01-Apr-02
D7949	LEFORT II OR LEFORT III-WITH BONE GRAFT	BR	01-Apr-02
D7950	OSSEOUS, OSTEOPERIOSTEAL, OR CARTILAGE GRAFT OF THE MANDIBLE OR FACIAL BONES-AUT	235.01	01-Apr-02
D7955	REPAIR OF MAXILLOFACIAL SOFT AND HARD TISSUE DEFECT	359.34	01-Apr-02
D7960	FRENULECTOMY (FRENECTOMY OR FRENOTOMY)-SEPARATE PROCEDURE	166.05	01-Apr-02
D7970	EXCISION OF HYPERPLASTIC TISSUE-PER ARCH	305.45	01-Apr-02
D7971	EXCISION OF PERICORONAL GINGIVA	86.56	01-Apr-02
D7980	SIALOLITHOTOMY	63.80	01-Apr-02
D7981	EXCISION OF SALIVARY GLAND, BY REPORT	31.90	01-Apr-02
D7982	SIALODOCHOPLASTY	147.39	01-Apr-02
D7983	CLOSURE OF SALIVARY FISTULA	370.02	01-Apr-02
D7990	EMERGENCY TRACHEOTOMY	269.57	01-Apr-02
D7991	CORONOIDECTOMY	BR	01-Apr-02
D7995	SYNTHETIC GRAFT-MANDIBLE OR FACIAL BONES, BY REPORT	BR	01-Apr-02
D7996	IMPLANT-MANDIBLE FOR AUGMENTATION PURPOSES (EXCLUDING ALVEOLAR RIDGE), BY REPORT	BR	01-Apr-02
D7997	APPLIANCE REMOVAL (NOT BY DENTIST WHO PLACED APPLIANCE), INCLUDES REMOVAL OF ARC	BR	01-Apr-02
D7999	UNSPECIFIED ORAL SURGERY PROCEDURE, BY REPORT	BR	01-Apr-02
D8010	LIMITED ORTHODONTIC TREATMENT OF THE PRIMARY DENTITION	BR	01-Apr-02



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D8020	LIMITED ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	BR	01-Apr-02
D8030	LIMITED ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION	BR	01-Apr-02
D8040	LIMITED ORTHODONTIC TREATMENT OF THE ADULT DENTITION	BR	01-Apr-02
D8050	INTERCEPTIVE ORTHODONTIC TREATMENT OF THE PRIMARY DENTITION	BR	01-Apr-02
D8060	INTERCEPTIVE ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	BR	01-Apr-02
D8070	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	BR	01-Apr-02
D8080	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION	BR	01-Apr-02
D8090	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADULT DENTITION	BR	01-Apr-02
D8210	REMOVABLE APPLIANCE THERAPY	76.57	01-Apr-02
D8220	FIXED APPLIANCE THERAPY	76.57	01-Apr-02
D8660	PRE-ORTHODONTIC VISIT	BR	01-Apr-02
D8670	PERIODIC ORTHODONTIC TREATMENT VISIT (AS PART OF CONTRACT)	BR	01-Apr-02
D8680	ORTHODONTIC RETENTION (REMOVAL OF APPLIANCES, CONSTRUCTION AND PLACEMENT OF RETA	BR	01-Apr-02
D8690	ORTHODONTIC TREATMENT (ALTERNATIVE BILLING TO A CONTRACT FEE)	BR	01-Apr-02
D8691	REPAIR OF ORTHODONTIC APPLIANCE	BR	01-Apr-02
D8692	REPLACEMENT OF LOST OR BROKEN RETAINER	BR	01-Apr-02
D8999	UNSPECIFIED ORTHODONTIC PROCEDURE, BY REPORT	BR	01-Apr-02
D9110	PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN-MINOR PROCEDURES	56.55	01-Apr-02
D9210	LOCAL ANESTHESIA NOT IN CONJUNCTION WITH OPERATIVE OR SURGICAL PROCEDURES	8.84	01-Apr-02
D9211	REGIONAL BLOCK ANESTHESIA	15.72	01-Apr-02
D9212	TRIGEMINAL DIVISION BLOCK ANESTHESIA	65.58	01-Apr-02
D9215	LOCAL ANESTHESIA	10.25	01-Apr-02
D9220	GENERAL ANESTHESIA-FIRST 30 MINUTES	40.99	01-Apr-02
D9221	GENERAL ANESTHESIA-EACH ADDITIONAL 15 MINUTES	24.59	01-Apr-02





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D9230	ANALGESIA, ANXIOLYSIS, INHALATION OF NITROUS OXIDE	37.04	01-Apr-02
D9241	INTRAVENOUS SEDATION/ANALGESIA - FIRST 30 MINUTES	BR	01-Apr-02
D9242	INTRAVENOUS SEDATION/ANALGESIA - EACH ADDITIONAL 15 MINUTES	BR	01-Apr-02
D9248	NON-INTRAVENOUS CONSCIOUS SEDATION	BR	01-Apr-02
D9310	CONSULTATION (DIAGNOSTIC SERVICE PROVIDED BY DENTIST OR PHYSICIAN OTHER THAN PRA	56.55	01-Apr-02
D9410	HOUSE/EXTENDED CARE FACILITY CALL	60.99	01-Apr-02
D9420	HOSPITAL CALL	75.64	01-Apr-02
D9430	OFFICE VISIT FOR OBSERVATION (DURING REGULARLY SCHEDULED HOURS) NO OTHER SERVICE	27.65	01-Apr-02
D9440	OFFICE VISIT-AFTER REGULARLY SCHEDULED HOURS	62.56	01-Apr-02
D9610	THERAPEUTIC DRUG INJECTION, BY REPORT	18.95	01-Apr-02
D9630	OTHER DRUGS AND/OR MEDICAMENTS, BY REPORT	37.80	01-Apr-02
D9910	APPLICATION OF DESENSITIZING MEDICAMENT	25.29	01-Apr-02
D9911	APPLICATION OF DESENSITIZING RESIN FOR CERVICAL AND/OR ROOT SURFACE, PER TOOTH	BR	01-Apr-02
D9920	BEHAVIOR MANAGEMENT, BY REPORT	75.00	01-Apr-02
D9930	TREATMENT OF COMPLICATIONS (POSTSURGICAL) - UNUSUAL CIRCUMSTANCES, BY REPORT	27.98	01-Apr-02
D9940	OCCLUSAL GUARDS, BY REPORT	518.45	01-Apr-02
D9941	FABRICATION OF ATHLETIC MOUTHGUARD	185.00	01-Apr-02
D9950	OCCLUSION ANALYSIS-MOUNTED CASE	95.29	01-Apr-02
D9951	OCCLUSAL ADJUSTMENT-LIMITED	48.69	01-Apr-02
D9952	OCCLUSAL ADJUSTMENT-COMPLETE	231.08	01-Apr-02
D9999	UNSPECIFIED ADJUNCTIVE PROCEDURE, BY REPORT	BR	01-Apr-02